



GED TESTING APPLICATION
(PLEASE TYPE OR PRINT)

Kentucky Adult Education
1024 Capital Center, Suite 250
Frankfort, KY 40601
(502) 573-5114
Web site: <http://kyae.ky.gov/>

Note: Applicants with a documented disability may qualify for special testing accommodations. Please contact your local testing center or the adult education provider for information.

Name (Last, First, Middle Initial or Maiden Name)

Date of Birth (Month/Day/Year)

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Age at application

Social Security Number

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Address (Street/Number/Apartment)

City

State*

Zip Code

Home Phone

/-

Work Phone

/-

***Only examinees with a Kentucky address will be issued a Kentucky diploma.**

Name of last school attended

NCES Code

Address of last school attended

City

State

Zip Code

HIGH SCHOOL WITHDRAWAL

If applicant is less than 19 years of age, documented proof of withdrawal from public or private school must be attached to this application.

Date of withdrawal from school: //

Certify the following by initialing beside each statement:

_____ I certify I have not received a high school credential from any jurisdiction.

_____ I certify I have not previously earned GED scores sufficient to qualify for a high school credential in any jurisdiction.

_____ I certify I have read and understand the testing misconduct policy.

_____ I certify I have not already taken the GED tests more than twice during this calendar year.

_____ I authorize release of my test results to the certifying providers.

_____ I certify all information on this application is accurate.

Signature of Applicant

Date

X

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This signed application must be taken to the test center for admission to testing and is good for 6 months from this date. Government issued photo identification with name, date of birth, address and signature must be taken to the test center for admission to testing.

You may need additional signatures on the back of this application to meet eligibility requirements as outlined in 785 KAR 1:130 and described on the next page of this application.

COMPLETE ONLY IF YOU MEET ONE OF THESE CONDITIONS**You will need an additional signature if you meet one of the following conditions outlined in 785 KAR 1:130:**

- ☐ 1. If you are in a juvenile detention center or juvenile holding center, you must have the signature of the local school superintendent.
- ☐ 2. If you are a state agency child, you must have the signature of the child program administrator.
- ☐ 3. If you are in the Secondary GED Program, you must have the signature of the local school superintendent.
- ☐ 4. If you have requested and been granted a waiver of the 90-day school withdrawal provision for one of the reasons below, you must have the superintendent (or designee) signature.

The superintendent (or designee) granting a waiver of the 90-day withdrawal provision (block 4), please check one of the following:
☐ **Employment Condition**
☐ **Postsecondary Enrollment**
☐ **Medical Reason**
☐ **Family Circumstance**
☐ **Other**
Name of Local School District
or State Agency

City

County

Print Name

Date

 / /

Phone Number

 / -
Authorized Signature**X****TEST READINESS CERTIFICATION****Applicants are required to be certified as test-ready by a local adult education provider. THIS FORM MUST BE COMPLETED BY AN APPROVED ADULT EDUCATION PROFESSIONAL.****This certifies the applicant has passed the Official GED Practice Test and is eligible to take the GED Test.****Signature of Adult Education Provider**

Program Name

X

Print Name

Provider Code

Provider Phone Number

 / -
Number of hours spent preparing for GED
Test _____

Provider E-mail

Applicant Name (Last, First, Middle Initial or Maiden Name)

Date of Birth (Month/Day/Year)

Age at application

Social Security Number

 / /
 - -
Official Practice Test Scores

Date	Language Arts, Writing	Social Studies	Science	Language Arts, Reading	Math	Total Points	Average